## **Utah Department of Health Security Access Request**

Name:	Employee Number:	
Department:	Division:	
Work Phone Number:	Date of Birth:	
Height: Eye Color: _		
Ş		
Supervisor Name:		
Division Director Signature:		
Authorized Access: Write in the Acces		
Mon-Fri 5:30 a.m 6:00 p.m. Mon-Sat 5:30 a.m 9:00 p.m.	Mon-Fri 5:30 a.m 9:00 p. Sun-Sat 24 hours	m.
Mon-3at 3.30 a.m 9.00 p.m.	Sull-Sat 24 Hours	
Door Location	Access Time	Supervisor Signature
Building Doors		
Vital Records		
Computer Room		
Executive Director's Office		EDO ONLY
WIC Room		WIC Only
WIC Storage 1		WIC Only
WIC Storage 2		WIC Only
WIC Storage 3		WIC Only
Daycare Infants		Daycare Only
Daycare Office		Daycare Only
Health Care Finance Controlled Area		
Room 302		
Fitness Center		FC Committee
Access badges are issued for individual Access badge holder is responsible for to accordance with the Department of Hear Badges must be returned to the Office of employment, or interdepartmental transf (538-6109) immediately.	he proper use of the Access Ith policies and procedures f Employee Support, Room er. In the event of a lost or	Badge assigned to them in (Section 2, part 2.6). Access 132 upon request, termination of stolen Access Badge, notify OES
Key number:	Date Activated:	
Signature Received:		Date: